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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	66638/41776
	First Named Inventor	Marion
	COMPLETE IF KNOWN	
	Application Number	To be assigned
	Filing Date	Herewith
	Group Art Unit	To be assigned
	Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WIRELESS CASS INTERFACE DEVICE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Application Number(s)	Country	Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐Customer Number
or Bar Code Label***21888*****21888**

PATENT TRADEMARK OFFICE

OR ☒ Correspondence address below**Name** Thomas A. Polcyn**Address** Thompson Coburn LLP, One US Bank Plaza**City** St. Louis**State** MO**ZIP** 63101**Country** USA**Telephone** 314-552-6331**Fax** 314-552-7331

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any]) Randall L.**Family Name**
or Surname Marion**Inventor's**
Signature*Randall L. Marion***Date***1/19/2004***Residence: City** St. Charles**State** MO**Country** USA**Citizenship** USA**Mailing Address** 201 West Biddeford Court**City** St. Charles**State** MO**ZIP** 63304**Country** USA**NAME OF SECOND INVENTOR :**☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any]) James J.**Family Name**
or Surname Cook**Inventor's**
Signature*James J. Cook***Date***1-19-2004***Residence: City** Bridgeton**State** MO**Country** USA**Citizenship** USA**Mailing Address** 11846 Melody Lane**City** Bridgeton**State** MO**ZIP** 63044**Country** USA☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032


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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Steven Allan		Wegener	
Inventor's Signature <i>Steven A. Wegener</i>		Date <i>1/19/2004</i>	
St. Charles Residence: City	MO State	USA Country	USA Citizenship
1004 Apricot Drive Mailing Address			
1004 Apricot Drive Mailing Address			
St. Charles City	MO State	63301 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
William Frederick		Rootz	
Inventor's Signature <i>William Frederick Rootz</i>		Date <i>1/19/2004</i>	
Chesterfield Residence: City	MO State	USA Country	USA Citizenship
371 Shetland Valley Court Mailing Address			
371 Shetland Valley Court Mailing Address			
Chesterfield City	MO State	63005 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/81 (02-01)
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	Marion
Title	WIRELESS CASS INTERFACE DEVICE
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	66638/41776

I hereby appoint:

Practitioners at Customer Number


021888

OR




Practitioner(s) named below:

Name	Registration Number
Caroline G. Chicoine	38198
Richard E. Haferkamp	29072
John M. Howell	25261
Paul A. Maddock	37877
Alan H. Norman	32285
Thomas A. Polcyn	41256
Joseph M. Rolnicki	32653
Kenneth Solomon	31427
Matthew A. Braunel	52649
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James Hamley		28081	
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		 <div style="font-size: 1.5em; font-weight: bold;">21888</div> <small>PATENT TRADEMARK OFFICE</small>	
<input checked="" type="checkbox"/> Firm or Individual Name	Thomas A. Polcyn		
Address	Thompson Coburn LLP		
Address	One US Bank Plaza		
City	St. Louis	State	MO Zip 63101
Country	USA		
Telephone	314-552-6331	Fax	314-552-7331
I am the:			
<input checked="" type="checkbox"/> Applicant/Inventor.			
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</i>			
SIGNATURE of Applicant or Assignee of Record			
Name	Randall L. Marion		
Signature	<i>Randall L. Marion</i>		
Date	1/19/2004		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted.			

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First Named Inventor	Marion
Title	WIRELESS CASS INTERFACE DEVICE
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	66638/41776

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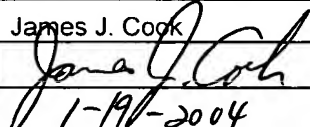
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


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Richard E. Haferkamp	29072
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<input checked="" type="checkbox"/> Firm or Individual Name	Thomas A. Polcyn		
Address	Thompson Coburn LLP		
Address	One US Bank Plaza		
City	St. Louis	State	MO
Country	USA		
Telephone	314-552-6331	Fax	314-552-7331
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SIGNATURE of Applicant or Assignee of Record			
Name	James J. Cook		
Signature			
Date	1-19-2004		
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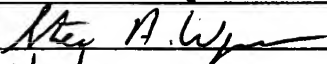


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Name	Steven Allan Wegener		
Signature			
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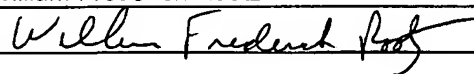
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"><input checked="" type="checkbox"/> Firm or Individual Name</td> <td style="padding: 5px;">Thomas A. Polcyn</td> </tr> <tr> <td style="padding: 5px;">Address</td> <td style="padding: 5px;">Thompson Coburn LLP</td> </tr> <tr> <td style="padding: 5px;">Address</td> <td style="padding: 5px;">One US Bank Plaza</td> </tr> <tr> <td style="padding: 5px;">City</td> <td style="padding: 5px;">St. Louis</td> </tr> <tr> <td style="padding: 5px;">Country</td> <td style="padding: 5px;">USA</td> </tr> <tr> <td style="padding: 5px;">Telephone</td> <td style="padding: 5px;">314-552-6331</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">State MO Zip 63101</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Fax 314-552-7331</td> </tr> </table>				<input checked="" type="checkbox"/> Firm or Individual Name	Thomas A. Polcyn	Address	Thompson Coburn LLP	Address	One US Bank Plaza	City	St. Louis	Country	USA	Telephone	314-552-6331		State MO Zip 63101		Fax 314-552-7331
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SIGNATURE of Applicant or Assignee of Record																			
Name	William Frederick Rootz																		
Signature																			
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